FORM 8. Entry of Appearance: 17-1903

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Form 8 Rev. 03/16

TRIREME MEDICAL, LLC		v. ANGIO	SCORE, INC.	
	No17-	-1903		
	ENTR	Y OF APPEARANCE		
an updated Entry of Appearance Electronic filers must also repo petitioners and appellants show	e if represer rt a change i ıld read par the clerk wi	ntation changes, includir in contact information to agraphs 1 and 18 of the	7.3. Counsel must immediately file of a change in contact information the PACER Service Center.Pro se e Guide for Pro Se Petitioners and of docketing and serve a copy of it	
Please enter my appearance (se	lect one):			
□ Pro Se As	counsel for:	TriReme Medical, LLC		
I am, or the party I represent is (select one):			Name of party	
	spondent	☐ Amicus curiae	☐ Cross Appellant	
🖺 Appellant 🗌 Ap	pellee	☐ Intervenor		
As amicus curiaeor intervenor,		apports (select one): espondent or appellee		
Name:	Thomas	T. Carmack		
aw Firm: ARNO		RNOLD & PORTER KAYE SCHOLER LLP		
ddress: 3000 EI Ca		El Camino Real, Five Palo Alto Square, Suite 500		
City, State and Zip: Palo Alto,		o, CA 94306		
		(650) 319-4500		
Fax #:	(650) 319	(650) 319-4700		
E-mail address: tom.carm		carmack@apks.com		
Statement to be completed by co				
		party in this case and wi this case of the matters s	ill accept all service for the party. I served upon me.	
☐ I am replacing		as the principal at	ttorney who will/will not remain on	
the case. [Government :	attorneys on	ly.]		
☒ I am not the principal a	ttorney for t	his party in this case.		
Date admitted to Federal Circu	t bar (couns	el only): October 8, 2008		
This is my first appearance befo	re the Unite	ed States Court of Appea	ls for the Federal Circuit (counsel	
only): ☐ Yes 🏻 No				
☐ A courtroom accessible to t	he handicap	ped is required if oral ar	gument is scheduled.	
4		Signature of pro se or counsel/s/ Thomas T. Carmack		
Date April 26, 2017	Signatui	re of pro se or counsel _	/s/ Thomas T. Carmack	

Case: 17-1903
FORM 30. Certificate of Service Document: 9 Page: 2

Filed: 04/26/2017

Form 30 Rev. 03/16

UNITED STATES COURT OF APPEALS FOR THE FEDERAL CIRCUIT

CERTIFICATE OF SERVICE I certify that I served a copy on counsel of record on April 26, 2017 by: U.S. Mail ☐ Fax ☐ Hand Electronic Means (by E-mail or CM/ECF) David A. Caine /s/ David A. Caine Signature of Counsel Name of Counsel Law Firm ARNOLD & PORTER KAYE SCHOLER LLP Address 3000 El Camino Real, Five Palo Alto Square, Suite 500 City, State, Zip Palo Alto, CA 94306 Telephone Number (650) 319-4500 Fax Number (650) 319-4700 E-Mail Address david.caine@apks.com NOTE: For attorneys filing documents electronically, the name of the filer under whose log-in and password a

document is submitted must be preceded by an "/s/" and typed in the space where the signature would otherwise appear. Graphic and other electronic signatures are discouraged.

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